

FCCLA Advisor Recognition Program

2001-2002 Advisor Mentor Application

Instructions

Type all information. Do not attach additional pages or materials except where noted. Responses to questions should be based on your work as an Advisor Mentor during a two-year period.

Return the following to your state advisor by February 1:

1. A completed copy of this Advisor Mentor Application.
2. One recommendation from each of the groups listed below is required. Photocopy the recommendation form provided, giving one copy to each individual.
 - FCCLA member
 - School administrator (principal, superintendent or vocational director)
 - Person of candidate's choice (teacher educator, city supervisor, another teacher, etc.)

CANDIDATE INFORMATION

Name of Candidate _____

Chapter _____

School _____

Principal's Name _____

School Address _____

City/State/Zip _____

Home Address _____

City/State/Zip _____

Phone: School () _____ FAX () _____ Home () _____

Number of years teaching _____ Number of years advising _____

Courses taught ☐ Comprehensive ☐ Occupational Number of Members in Chapter _____

Grade levels taught _____

Family and consumer sciences courses currently teaching _____

When FCCLA chapter meets (in class or outside of class) _____

A. New Advisor Assistance (45%)

List names of advisors you have helped develop a chapter (new or re-affiliated) since you achieved Master Advisor status. Describe both how you helped them become involved in state and national programs and develop advising skills.

<u>Year</u>	<u>Advisor's Name</u>	<u>Chapter</u>	<u>How You Helped</u>
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B. Leadership Roles (35%)

Describe FCCLA leadership roles you have fulfilled and advisor training workshops you have conducted at the district, state and national levels.

List your most rewarding accomplishments as an Advisor Mentor.

C. Professional Development (10%)

Describe FCCLA leadership roles you have fulfilled beyond your local chapter during your years as an advisor.

D. Advisor Mentor Recommendation (10%)

Please photocopy the attached Advisor Mentor Recommendation Form and secure one recommendation from each of the groups listed below. A total of three recommendations is required.

- FCCLA member
- School administrator (principal, superintendent, or vocational director)
- Person of candidate's choice (teacher educator, city supervisor, another teacher, etc.)

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Advisor Mentor Recommendation

Applicant Instructions

Type your name in the blank below and send this form to three people who can evaluate your performance as an FCCLA Advisor. (See instructions on Advisor Mentor Application).

Evaluator Instructions

_____ is applying for recognition as an Advisor Mentor.
Your assistance in evaluating this applicant is appreciated.

Please read the information below and use the attached form to rate the candidate in these areas. Return this form to the candidate no later than **January 15**. Thank you for your recommendation.

An Advisor Mentor is one who has –

- Devoted at least two years to assisting beginning or returning advisors;
- Encouraged teachers to establish chapters;
- Encouraged beginning advisors to participate in state and national activities;
- Helped beginning advisors develop plans and systems of management;
- Provided positive reinforcement to new advisors;
- Listened to beginning advisors' concerns;
- Conducted advisor training activities;
- Assumed adult leadership roles in Family, Career and Community Leaders of America;
- Attended recent FCCLA meetings beyond the local level;
- Used current FCCLA resources.

FCCLA Advisor Mentor Recommendation

Name of candidate _____

Instructions

Use this form to rate the candidate's advising skills, checking the appropriate rating. Return this form to the candidate no later than **January 15**.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Assists beginning advisors to –			
▪ Establish new chapter;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Participate in state and national activities;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Develop plans and systems of management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Listens to beginning advisors' concerns and provides positive reinforcement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assumes adult leadership roles in FCCLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Conducts advisor training activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participates in professional development for advisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Attends FCCLA meetings beyond the local level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Uses FCCLA resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Signature

Date

Person completing this form:

Name _____

Title _____

School _____

Address _____

City/State/Zip _____

Phone () _____

☐ FCCLA Member

☐ School Administrator (principal, supt.,
vocational director)

☐ Person of Candidate's Choice
(teacher educator, city supervisor, other teacher, etc.)